



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO

- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

Not regularly, but could if I had to.



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping
 Personal needs
 Banking
 Employment
 Social needs
- all services are 7-15 minutes from home

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Jennifer Burghardt

Address: PO Box 144 W. Stockholm, NY 13696

Telephone: 265-8758

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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Nonpostal Services

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- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO

- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

*when I go thru POTSDAM
 BUT I DO NOT HAVE A P.O. BOX THERE!*



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: SO I WOULD NOT HAVE TO GO TO GET MY MAIL IN BAD WEATHER!

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping PRICE CHOPPER (POTSDAM)
 Personal needs POTSDAM + MASSENA
 Banking POTSDAM
 Employment ALL OVER NY STATE
 Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: HENRY GALM
Address: 450 SOUTHVILLE RD WEST STOCKHOLM
Telephone: (315) 265-4366
Date: 4-21-11

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Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

I read the notices & sometimes post.

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:

Please keep our post office !!



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: this will require adding more delivery routes
I currently have a PO Box because I can not receive home
delivery

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping _____
- Personal needs _____
- Banking _____
- Employment _____
- Social needs _____

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Eileen Chaffee

Address: PO Box 30, West Stockholm NY 13696

Telephone: 315 265 9302

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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Nonpostal Services

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- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: you make plenty of money
I leave our Post office open

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping
 Personal needs
 Banking
 Employment
 Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Windows Only
Address: 122 Livingston Rd Box 319
Telephone: 355-265-3568
Date: April 22 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

GETVE RIDES TO POST OFFICE

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: CANT BUY STAMPS, MONEY ORDERS + SERVICES
AT A ROAD SIDE MAILBOX - VERY INCONVENIENT

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping MASSENA
- Personal needs
- Banking POSDAM, NY
- Employment RETIRED
- Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: DUANE TRACY

Address: 109 CTY RD 57 POB 65

Telephone: 315-265-3257

Date: 4/21/11

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Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain: _____

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain: _____



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam, N.Y.
- Personal needs Potsdam "
- Banking " "
- Employment
- Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Harold W La May

Address: 429 Stockholm Knapps Station Rd.

Telephone: 315-353-8802

Date: 4/23/2011

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Nonpostal Services

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- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO

- e. Other YES NO

If yes, please explain:

Gettin' my mail

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: You make Enough Money
Leave Our Post Office Open

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping POTS - MASSENA
 Personal needs POTS - MASSENA
 Banking POTS - MASSENA
 Employment ST Lawrence County
 Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Robert Staires
Address: 120 Livingston Rd. Po Box 42
Telephone: 315-265-4789
Date: April 22 2011

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Nonpostal Services

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- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: THE PRICE OF GAS

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam
- Personal needs
- Banking Potsdam
- Employment
- Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: TERRI KENNEL

Address: 450 SouthvilleRD WESTSTOCKHOLM

Telephone: 315-265-4366

Date: 4-24-11

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If yes, please explain: _____

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain: _____

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- YES NO

If yes, please explain: _____



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- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | | | |
|-------------------------------------|----------------|---|------------|
| <input checked="" type="checkbox"/> | Shopping | - | Potsdam NY |
| <input checked="" type="checkbox"/> | Personal needs | " | " |
| <input checked="" type="checkbox"/> | Banking | " | " |
| <input checked="" type="checkbox"/> | Employment | " | " |
| <input checked="" type="checkbox"/> | Social needs | " | " |

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Ronald Beanis

Address: 1089 Old Market Rd West Stockholm NY 13696

Telephone: 315 353 2709

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Keep the Post office



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:

Occasionally we pass a post office on our travels but this dont happen everyday. We stop at our local post office every day. It is convenient for the elderly, which my husband & I are. we dont travel out of our way to mail a letter & with the price of gas we cant afford it. Loren & Jean Bronson



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: NO Comparison

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam
- Personal needs
- Banking Potsdam
- Employment Potsdam - Part-time ~~at~~ at night
- Social needs Can't afford to socialize

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Loren & Jean Bronson

Address: P.O. Box 137 West Stockholm, NY

Telephone: 315-261-4325

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Pick up Post Office box mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO

- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

I do 98% business in Potsdam - stamps, money orders

Potsdam Post Office



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam
- Personal needs Potsdam
- Banking Potsdam
- Employment Potsdam
- Social needs Potsdam

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Donald Oney Jr

Address: 1087 Old Market Rd, W. Stockholm, N.Y. 13696

Telephone: (315) 212-8153

Date: 4-21-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|--------------------------|-------------------------------------|-------------------------------------|---|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <i>Sometimes</i> |
| d. Pick up Post Office box mail | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <i>Sometimes</i> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: You can't buy stamps from rural route mail persons. Also the rd Rt. 2 route is very long already. would probably need to be split.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Massena
 Personal needs
 Banking
 Employment
 Social needs

This is if you consider my community to be West Stockholm. Most people in West Stockholm consider themselves to be in Potsdam community also.

5. Do you currently use local businesses in the community?

- Yes No Village Market

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Jodie Tyo

Address: P.O. Box 152 West Stockholm

Telephone: 261-3031

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping
 Personal needs
 Banking
 Employment
 Social needs

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Steven & Linda Foster

Address: PO Box 32

Telephone: 265 - 0625

Date: 4/20/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Please do not stop our Post Office
it will affect a lot of our Seniors
and make it very difficult for them.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping _____
 Personal needs _____
 Banking _____
 Employment _____
 Social needs _____

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: _____

Address: _____

Telephone: _____

Date: 4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

When I go to Potsdam To shop I do my mail in returned.



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: I can walk out to my driveway & get my mail - don't have to drive.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam - Massena
- Personal needs Potsdam
- Banking Potsdam
- Employment _____
- Social needs Potsdam - Parishville

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Dorcas J. Lynch

Address: 73 Co. Rt 57 - P.O. Box 84 W. Stockholm

Telephone: 265-8931

Date: 4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- | | | |
|-------------------------------------|----------------|---------|
| <input checked="" type="checkbox"/> | Shopping | Potsdam |
| <input checked="" type="checkbox"/> | Personal needs | .. |
| <input checked="" type="checkbox"/> | Banking | .. |
| <input checked="" type="checkbox"/> | Employment | .. |
| <input checked="" type="checkbox"/> | Social needs | .. |

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name:

Philip Whifton

Address:

PO Box 26, W. Stockholm, NY 13696

Telephone:

315-265-2531

Date:

21 Apr 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

in Potdam, which is to miss away.
the only thing I don't like, is charging our address on anything.



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam
 Personal needs Potsdam
 Banking Potsdam
 Employment Retired
 Social needs in town & out of town

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Paul & Joan Austin

Address: P.O. Box 126, 33 Stockholm-Knapp Station Rd. W. Stockholm, N.Y. 13696

Telephone: 315-265-6015

Date: April 21, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I just feel so bad that they want to close our P.O. as my husband has lived here for 67 yrs.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:

Potsdam



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

Like our post office service

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping

Personal needs

Banking

Employment

Social needs

5. Do you currently use local businesses in the community?

Yes No

If yes, would you continue to use them if the Post Office is discontinued?

Yes No

Name:

Marilyn B Wright

Address:

Box 125, West Stockholm NY 13696

Telephone:

265-3979

Date:

4/20/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

businesses in West Stockholm so the PO is the "social center" of the village. There are no other

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:

The West Stockholm PO is 1/4 mile from my house. I walk or drive (in bad weather) to the PO daily.



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping _____
 Personal needs _____
 Banking _____
 Employment _____
 Social needs _____

5. Do you currently use local businesses in the community?

- Yes No *aside from the PO, there none*

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No *N/A*

Name: James Bullard

Address: PO Box 5, West Stockholm, NY 13696

Telephone: 315-265-3004

Date: 4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I would hate to see our PO close, I could do without Saturday delivery.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

N/A



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|--------------------------|-------------------------------------|--|
| a. Buying Stamps | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Occasional |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping _____
 Personal needs _____
 Banking _____
 Employment _____
 Social needs _____

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Sherri A & James W Love

Address: PO Box 43, W. Stockholm, NY 13696

Telephone: 1-315-265-4857

Date: April 21, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO

- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping _____
 Personal needs _____
 Banking _____
 Employment _____
 Social needs _____

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Donald N White

Address: Box 56 West Stockholm NY 13696-0056

Telephone: (315) 265-4889

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

- YES NO

If yes, please explain:

Potsdam



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: I Like Post Office ITS
close of meet others there + say Hello
and ask How doing. IF Had carrier would never see
them

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam Massena
- Personal needs Potsdam, Canton Massena
- Banking Potsdam
- Employment Clarkson
- Social needs West Stockholm, Potsdam area
Parishville, Norwood

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: William Wright

Address: P.O. Box 149 West Stockholm NY 13696

Telephone: W 315-265-3663

Date: 4/21/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

We ALL Love our Little
Post Office. carrier Delivery
is so Impersonal. our post office
Has great service with great people.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

| Postal Services | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

_____ *Officer of the County A.R.P.*

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

_____ *For check*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

_____ *Living away from that route*



If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain: If a vacation not having mail secure in my Box

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam
- Personal needs "
- Banking "
- Employment
- Social needs "

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: Marie M. Baxter

Address: Box 246 - West Stockholm

Telephone: 315-265-6732

Date: 4/20/11 "Senior"

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the WEST STOCKHOLM Post Office for each of the following:

Postal Services

| | Daily | Weekly | Monthly | Never |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mailing Letters | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mailing Parcels | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Pick up Post Office box mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pick up general delivery mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buying money orders | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Sending Express Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Buying stamp-collecting material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other Postal Services

- a. Entering permit mailings YES NO
- b. Resetting/using postage meter YES NO

Nonpostal Services

- a. Picking up government forms (such as tax forms) YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO

If yes, please explain:

opening door - Reaching Boxes

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

YES NO

If yes, please explain:

FORGET NORWOOD
no one goes that way from W. Stockholm
Potsdam - Have you ever tried to find a parking spot for postal service?



3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

- Better Just as Good No Opinion Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- Shopping Potsdam, MASSENA
- Personal needs Above
- Banking POTSDAM
- Employment N/A
- Social needs NORTHERN N.Y.

5. Do you currently use local businesses in the community?

- Yes No

If yes, would you continue to use them if the Post Office is discontinued?

- Yes No

Name: DARRELL W TRACY
Address: PO Box 17 W. Stockton Ky 13696
Telephone: 315 265 6016
Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Much more to follow!